



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

MCIM

13 JAN 2005

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands


SUBJECT: Successful Implementation and Use of CHCS II

1. In my memo of 5 Oct 04, I asked you to join me in fully embracing CHCS II as the corporate longitudinal electronic medical record and to optimize its introduction and use in the delivery of healthcare in all AMEDD facilities. This memo sets forth how I will measure success in achieving these objectives.
2. I reiterate my expectation that once users are fully trained, CHCS II will be used to document all outpatient care, incorporating all encounter elements that would traditionally be captured on paper or in other systems. Where certain elements needed to replace paper records or legacy systems are still under development in CHCS II, the system will be used to the maximum extent possible for visit documentation.
3. My benchmarks for successful CHCS II implementation are:
 - a. MTF training no-show rate less than 5%.
 - b. Greater than 65% of all outpatient visits (OPV) documented in CHCS II at completion of a clinic's initial training.
 - c. Greater than 75% of all OPV documented in CHCS II at completion of MTF training.
 - d. Greater than 85% of all OPV documented in CHCS II at 6 months after MTF training.
4. Interim applications (HealtheForces and others) will continue to move toward retirement. I am asking the CIO to establish a timeline for this to occur. We will strive for the earliest possible time when patient medical information is contained in, and searchable from, a single, non-duplicative data system: CHCS II, the corporate Electronic Medical Record.

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5. I have asked the AMEDD CIO to provide monthly progress reports as we continue to lead the way in realizing the full benefits of CHCS II.



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Lieutenant General, MC
Commanding